

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Makoto HARIGAE
Title: IMAGE FORMING APPARATUS AND DATA OVERWRITING METHOD
Appl. No.: Unassigned
Filing Date: December 23, 2003
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Makoto HARIGAE

Enclosed are:

- [X] Japanese Language Specification, Claim(s), and Abstract (9 pages).
- [X] Informal drawings (2 sheets, Figures 1-3).
- [X] Declaration and Power of Attorney (2 pages).
- [X] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copy of 1 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

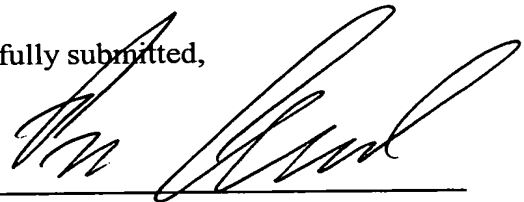
	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	11	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
Processing Fee under 37 CFR 1.17(i) for Late Filing of English Translation of Application:						+	\$130.00	=	\$130.00
TOTAL FEE								=	\$940.00

- ☒ A check in the amount of \$940.00 to cover the filing fee, fee for late filing of translation and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Date December 23, 2003

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